



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT dba
MARICOPA INTEGRATED HEALTH SYSTEM

2611 E Pierce Street, 2nd Floor, Phoenix, Arizona 85008

MARICOPA
INTEGRATED
HEALTH SYSTEM

Request for Quotations

Medical Answering Services

Count on us to care

PURPOSE: Maricopa County Special Health Care District dba: Maricopa Integrated Health System (MIHS) hereby solicits sealed quotes from qualified Proposers to provide Medical Answering Services with the intent to provide MIHS patients with the highest quality health care and 24 hour phone service.

HOW TO RESPOND TO THIS RFQ: To respond to this Request for Quotations, the Proposer must:

- Submit a quote with a supporting proposal describing how you would perform and provide a 24 hour Medical Answering Services on behalf of Maricopa Integrated Health System. The quote must contain sufficient detail in response to the requirements below to allow MIHS to make an informed and realistic evaluation of the Proposer's services.
- Submit with your quotation the following:
 1. Certificates of insurance for:
 - A. Commercial general liability.
 - B. Vehicle liability.
 - C. Worker's compensation
 - D. Errors and Omissions
 2. Completion of Attachment A: Authorization to Submit Proposal and Required Certifications.
 3. Completion of pricing quotation in Attachment B: Pricing.
 4. Response to Attachment C: Response to Work Statement Requirements.
 5. Response to Attachment D: Exceptions to Work Statement Requirements and/or General Contract Provisions.

CODE: The MIHS Procurement Code governs this procurement and is incorporated by this reference (<http://www.mihs.org/docs/DistrictProcurementCodeEff06-25-2008.pdf>). Pricing on written quotations is to remain confidential until the transaction is complete, i.e., the purchase order is issued. The respondent understands that the successful respondent is to be an Independent Contractor in the performance of work and the provision of services under any contract issued and is not to be considered an officer, employee, or agent of MIHS.

EVALUATION CRITERIA AND PROCESS:

Evaluation criteria to be utilized in determining the successful Proposer are listed below. The order of appearance does not signify relative importance. Although price will be a factor in quote evaluation, it may be a consideration of lesser importance to other items identified in the quote. MIHS reserves the right to accept other than the lowest priced quote.

- Response to RFQ Requirements.
This will include a thorough and detailed review of the responses to the Work Statement and Functional Requirements specifications, the quality, completeness, accuracy and level of detail of

the response, the demonstration of the Proposer's understanding of the concepts and requirements of the system, and *possible* Oral Presentations.

- Pricing.
This will include a thorough and detailed review of the Proposer's pricing. Although price will be a factor in quote evaluation, it is specifically a consideration of lesser importance to other items identified in the quote. MIHS reserves the right to accept other than the lowest priced quote.
- Respondent Exceptions to Specifications and Contract Provisions.

MIHS may, at its sole discretion, reject any or all quotes submitted in response to the Request for Quotes.

INQUIRIES: Direct all inquiries to Marilyn Amor at: (602) 344-1495 or e-mail at: marilynn.amor@mihs.org or by mail to:

Maricopa Integrated Health System
Contracts Management Department
ATTN: Marilyn Amor
2611 E Pierce Street
Phoenix, AZ 85008-6092

DEADLINE FOR RESPONSE: Quotes must be received at the above address no later than Tuesday, November 24, 2009 at 2:00PM Arizona Time. Quotes may be e-mailed (see above e-mail address) or faxed to Marilyn Amor at (602) 344-1813.

ATTACHMENT A: AUTHORIZATION TO SUBMIT PROPOSAL AND REQUIRED CERTIFICATIONS

By signing below, the Proposer hereby certifies that:

- * They have read, understand, and agree that acceptance by MIHS of the Proposer's offer by the issuance of a purchase order or contract will create a binding contract;
- * They agree to fully comply with all terms and conditions as set forth in the MIHS Procurement Code, and amendments thereto, together with the specifications and other documentary forms herewith made a part of this specific procurement;
- * They are in compliance with A.R.S. § 35-397 and A.R.S. § 35-391 and do not have scrutinized operations in Iran or the Sudan and are not in violation of the Export Administration Act.

The person signing the Proposal certifies that he/she is the person in the Proposer's organization responsible for, or authorized to make, decisions regarding the prices quoted.

The Proposer is a corporation or other legal entity.

No attempt has been made or will be made by the Proposer to induce any other firm or person to submit or not to submit a Proposal in response to this RFQ.

The price and terms and conditions in this Proposal are valid for 120 days from the date of submission.

FIRM SUBMITTING BID

ADDRESS

TELEPHONE

CITY

STATE

ZIP CODE

FAX

FEDERAL TAX ID NUMBER

EMAIL

AUTHORIZED SIGNATURE

DATE

PRINTED NAME AND TITLE

MINORITY BUSINESS/WOMEN BUSINESS/SMALL BUSINESS/DISADVANTAGED BUSINESS

(check appropriate item):

- Minority Business Enterprise (MBE)
- Women Business Enterprise (WBE)
- Small Business Enterprise (SBE)
- Disadvantaged Business Enterprise (DBE)

ATTACHMENT B: PRICING

The document is to be used by the Proposer to specify proposed rates for Medical Answering Services. Rate quotes are to be provided for the initial contract term of January 1, 2010 to December 31, 2011.

Please provide specific information about fees for Services including (a) how fees are calculated and (b) when fees are billed below:

Upon successful negotiations with Proposer(s), pricing information will be inserted into Section IV, Compensation, Paragraph 2, Pricing.

The price and terms and conditions in this Proposal are valid for 180 days from the date of submission.

I hereby certify that I acknowledge acceptance of the rates for the initial contract period of January 1, 2010 to December 31, 2011.

Signature of Authorized Individual

Printed Name of Authorized Individual

Name of Submitting Organization

Date

ATTACHMENT C: RESPONSE TO WORK STATEMENT REQUIREMENTS

The Proposer must explain how they will meet all the requirements of the Work Statement. The Proposer shall insert appropriate text to indicate specifically how it will satisfy each requirement. The Proposer should use as much detail as necessary to clearly convey how they will ensure provision of these services. Proposers should not simply restate the requirements, but describe how each task will be accomplished.

Services associated with this procurement and the resulting contract(s) may be added or deleted by the District, as needed.

Services will be provided to the MIHS' Locations Listed below:

Avondale Family Health Center
Specialties: Family Practice

Chandler Family Health Center
Specialties: Obstetrics, Pediatrics, Family Practice, Internal Medicine

7th Ave Family Health Center
Specialties: Obstetrics, Family Practice, Internal Medicine, Walk in Clinic

McDowell Healthcare Center
Specialties: Internal Medicine, HIV/Aids

CHC
Specialties: Internal Medicine, Family Practice, Pediatrics, Ophthalmology, Surgery, E.N.T, Dermatology, Orthopedics, Dentistry, OB/GYN, Psych, HIV, Rheumatology

EI Mirage Family Health Center
Specialties: Family Practice

Guadalupe Family Health Center
Specialties: Family Practice

Glendale Family Health Center
Specialties: Family Practice, Internal Medicine

Sunnyslope Family Health Center
Specialties: Family Practice, Internal Medicine

Mesa Family Health Center
Specialties: Internal Medicine, Pediatrics, OB/GYN

Avondale Family Health Center
Specialties: Internal Medicine, Pediatrics, GI, Term Care

Maryvale Family Health Center
Specialties: Pediatrics, OB/GYN, E.N.T

South Central Family Health Center
Specialties: Pediatrics, OB/GYN, Internal Medicine

WORK STATEMENT

Describe how you will provide each of the services detailed below:

- I. Provides after hours emergency contact services for 15 locations.
- II. Assist offices with answering phones during office hours.
- III. Provide assistance in redirecting callers to the correct department or extension in the case of the Comprehensive Healthcare Center (CHC).
- IV. Provide patients with insurance contact information in the event that they don't know who their PCP is or what specialty is needed.
- V. Provide contact numbers for translation services to the on call Doctor.
- VI. Provide Bilingual operators 24 hours a day.
- VII. Provide service on short notice for holidays, meetings, special events (training) etc. at no additional charge. This includes staffing accommodation due to increased call volume.
- VIII. Assist patients/callers that may need directions to the different locations.
- IX. Immediate notification of short notice appointment cancellations to the office.
- X. Accommodate physician needs by allowing each physician to change/update their contact information even on short notice.
- XI. Accommodate short notice on call changes.
- XII. Explain how you will bill MIHS.

Nothing prohibits the addition of supplemental services, not identified in this solicitation and deemed necessary by MIHS and agreed to by the selected vendor(s).

ATTACHMENT D: EXCEPTIONS TO WORK STATEMENT REQUIREMENTS AND/OR GENERAL CONTRACT PROVISIONS

Proposers must use this section to state any exceptions to the RFQ requirements and/or any requested language changes to the **MIHS General Provisions**. Proposer(s) may inspect the General Provisions at: <http://www.mihs.org/docs/GeneralProvisions-May52008.doc>. This is the only time proposers may contest these issues. Requests for changes after the date proposals are due will not be considered and could subject the proposer to non-award on grounds of non-responsiveness.

Please sign and include this statement with your proposal.

I have read MIHS' General Provisions and:

- I accept them
- I have stated my exceptions and have included them in this proposal.

Signature of Authorized Individual

Printed Name of Authorized Individual

Name of Submitting Organization

Date